

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
☐ design

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check any of next two items and check appropriate one of last three items.

- ☐ national stage of PCT
☐ supplemental

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

INJECTION CARTRIDGE FILLING APPARATUS

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b), or (c))

- (a) ☒ (X) is attached hereto.
- (b) ☐ () was filed on as ☐ () Serial No. _____ or
☐ () Express Mail No. _____, as Serial No. not yet known
and was amended on _____ (if applicable).
- (c) ☐ () was described and claimed in PCT International Application
No. _____ filed on _____
and as amendment under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. Sec. 1.56(a).

- ☐ () In compliance with this duty there is attached an information
disclosure statement. 37 CFR 1.97.

BENEFIT CLAIM

I hereby claim the benefit of U.S. Provisional Application No. 60/431,895,
filed December 9, 2002, under Title 35, United States Code, Section 119(e).

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☒ (X) no such applications have been filed.
- (e) ☐ () such applications have been filed as follows

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NO.	DATE OF FILING (month, day, year)	PRIORITY CLAIMED UNDER 37 USC 119
			() YES NO ()

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

As a named inventor, I hereby appoint D. Peter Hochberg, Reg. No. 24,603, Katherine R. Vieyra, Reg. No. 47,155, Sean Mellino, Reg. No. 48,817, and James A. Rich, Reg. No. 25,519, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

D. Peter Hochberg Co., L.P.A.
The Baker Building - 6th Floor
1940 East 6th Street
Cleveland, Ohio 44114-2294

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

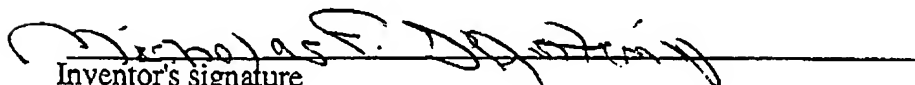
D. Peter Hochberg
(216) 771-3800

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor: Nicholas F. D'Antonio


Inventor's signature

Date

Dec. 5, 2003

United States of America
Country of Citizenship

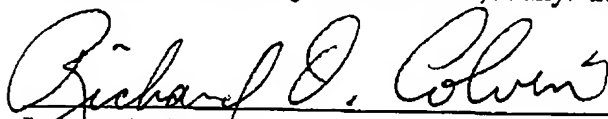
5479 Lake Road, Tully, New York 13159

Residence

Same

Post Office Address

Full name of second joint inventor, if any: Richard O. Colvin



Inventor's signature

12-05-03

Date

United States of America

Country of Citizenship

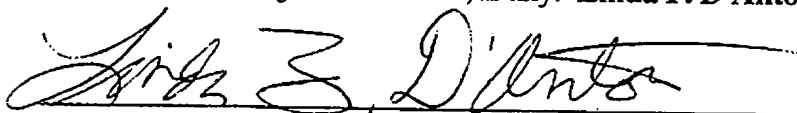
1948 Connors Road, Baldwinsville, New York 13027

Residence

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Full name of third joint inventor, if any: Linda F. D'Antonio



Inventor's signature

12/5/03

Date

United States of America

Country of Citizenship

108 Ramsey Avenue, Syracuse, New York 13224

Residence

Same

Post Office Address

CHECK PROPER BOX(ES) IF ANY OF THE FOLLOWING ADDED PAGE(S)
FORM A PART OF THIS DECLARATION

- () Signature for fourth and subsequent joint inventors. Number of pages added _____.
- () Signature by administrator(trix), executor(trix) or legal representative of deceased or incapacitated inventor. Number of pages added _____.
- () Signature for inventor who refuses to sign or cannot be reached

by person authorized under 37 CFR 1.47. Number of pages added

_____.

** () Added pages to combined declaration and power of attorney for a conversion of a provisional, divisional, continuation, or continuation-in-part (CIP) application. {Not required if modifications for provisional incorporated herein.}

** () Number of pages added _____.

**** Text included within this Declaration and Power of Attorney for benefit of provisional.**

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

(X) This declaration ends with this page.